Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)

Product Name: CW GL SERFF Tr Num: DLSN-125551157 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: DE-CWL-AR-08-1RA State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith

Roberts

Authors: David Gartland, Eneildaliz Disposition Date: 06/25/2008

Noboa

Date Submitted: 06/20/2008 Disposition Status: Exempt from

Review

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Delos Insurance Company has authorized ISO to file their Commercial General Liability forms & rules on our behalf in this state. At this time we are adopting the latest ISO Loss Cost along with our 1.60 Loss Cost Multiplier (LCM).

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number:

Company and Contact

Filing Contact Information

David Gartland, Vice President dgartland@delosinsurance.com

120 West 45th Street (212) 702-3712 [Phone] New York, NY 08852 (212) 302-9279[FAX]

Filing Company Information

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware

Insurance Company)

120 West 45th Street Group Code: 4381 Company Type: Property &

Casualty

New York, NY 08852 Group Name: Lightyear Delos State ID Number:

Group

(212) 702-3712 ext. [Phone] FEIN Number: 13-2930697

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100 for each rate filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Delos Insurance Company (FKA Sirius America \$100.00 06/20/2008 21012900

Insurance Company)

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from	Edith Roberts	06/25/2008	06/25/2008
Review			

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

Disposition

Disposition Date: 06/25/2008

Effective Date (New):

Effective Date (Renewal): Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number:

3			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Form UT	Accepted for	Yes
		Informational Purposes	5
Supporting Document	Form RF-1	Accepted for	Yes
		Informational Purposes	3
Supporting Document	Form RF-2	Accepted for	Yes
		Informational Purposes	3
Supporting Document	Form PC RRFS	Accepted for	Yes
		Informational Purposes	3
Supporting Document	Actuarial Support	Accepted for	Yes
		Informational Purposes	3
Rate	ISO Basic Limits GL Class Codes	Accepted for	Yes
		Informational Purposes	3
Rate	Owners Contractors Protective Liability	Accepted for	Yes
		Informational Purposes	6

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number:

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments

Number:

Accepted for ISO Basic Limits GL GL-2007-BGL1 New

#:

Informational Class Codes

Purposes

Accepted for Owners Contractors GL-2002-BGL1 New

Informational Protective Liability

Purposes

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Form UT Accepted for Informational 06/25/2008

Purposes

Comments:

See Attached.

Attachment:

DE-CWL-AR-08-1RA transmittal doc..pdf

Review Status:

Satisfied -Name: Form RF-1 Accepted for Informational 06/25/2008

Purposes

Comments:

See Attached.

Attachment:

DE-CWL-AR-08-1RA form RF-1.pdf

Review Status:

Satisfied -Name: Form RF-2 Accepted for Informational 06/25/2008

Purposes

Comments:

See Attached.

Attachment:

DE-CWL-AR-08-1RA form RF2.pdf

Review Status:

Satisfied -Name: Form PC RRFS Accepted for Informational 06/25/2008

Purposes

Comments:

See Attached.

Attachment:

DE-CWL-AR-08-1RA form PC RRFS.pdf

SERFF Tracking Number: DLSN-125551157 State: Arkansas EFT \$100

Filing Company: Delos Insurance Company (FKA Sirius America State Tracking Number:

Insurance Company)

Company Tracking Number: DE-CWL-AR-08-1RA

TOI: Sub-TOI: 17.2 Other Liability - Occurrence Only 17.2001 Commercial General Liability

CWGLProduct Name:

Project Name/Number:

Review Status:

Accepted for Informational 06/25/2008

Purposes

Actuarial Support Satisfied -Name:

Comments: See Attached.

Attachment:

GL Actuarial Memo.pdf

Property & Casualty Transmittal Document

1	Reserved for Insurance	2. In	surance Department Use only						
ig English (Dept. Use Only	a. Da	e the filing is received:						
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3.	Group Name								Group NAIC #
	Lightyear Delos Group								4381
4.	Company Name(s)		Don	nicile	NAIC#	I	FEIN#		State #
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Cor 6.	ntact Info of Filer(s) or Corporate Name and address			clude tol		er]	FAX#		e-mail
	Name and address	Officer(s) Title Vice		clude toli Telep	l-free numb	er]			tland@delosinsur
	Name and address David Gartland	e Officer(s) Title		clude toli Telep	l-free numb hone #s	er]	FAX#		
	Name and address David Gartland 120 West 45 th St. 36 th FL	Officer(s) Title Vice		clude toli Telep	l-free numb hone #s	er]	FAX#		tland@delosinsur
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7.	Name and address David Gartland 120 West 45 th St. 36 th FL New York, NY 10036 Signature of authorized filer	e Officer(s) Title Vice Presiden		Telep 212-7	l-free numb hone #s 02-3712	er]	FAX#		tland@delosinsur
7. 8.	Name and address David Gartland 120 West 45 th St. 36 th FL New York, NY 10036 Signature of authorized filer Please print name of authoriz	e Officer(s) Title Vice Presiden	t	Telep 212-7	l-free numb hone #s 02-3712 Gartland	212- 2 M	FAX # -302-9279		tland@delosinsur
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DE-CWL-AR-08-1RA

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Delos Insurance Company has authorized ISO to file their commercial general liability rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.

22. Filing Fees (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT Amount: \$100.00

\$100 for each rate filing

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

Rule: Reference: Loss Cost; Loss Cost & Rule or Rate, etc.) (Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) 1. This filing transmittal is part of Company Tracking # DE-CWL-AR-08-1RA This filing corresponds to form filing number 2. (Company tracking number of form filing, if applicable) П Rate Decrease Х Rate Neutral (0%) П Rate Increase Filing Method (Prior Approval, File & Use, Flex Band, etc.) File & Use Rate Change by Company (As Proposed) 4a. Minimum Written # of Written Maximum Company Overall % Overall % Change % Rate premium policyholders premium % Name Indicated **Impact** change affected for this Change (where Change (where required) for this for this (when program applicable) program program required) 0.0% 0 0.0% 0.0% 0.0% \$0.00 \$0.00 Delos Insurance Company 4b. Rate Change by Company (As Accepted) For State Use Only Overall Written # of Written Maximum Minimum Company Overall % % Change Name Indicated % Rate premium policyholders premium % **Impact** affected for this Change Change change for this for this program (when applicable) program program 5. Overall Rate Information (Complete for Multiple Company Filings only) **COMPANY USE** STATE USE n/a Overall percentage rate indication (when 5a applicable) 5b Overall percentage rate impact for this filing n/a Effect of Rate Filing - Written premium change for n/a 5c this program Effect of Rate Filing – Number of policyholders n/a 5d affected 6. Overall percentage of last rate revision n/a Effective Date of last rate revision n/a 7. Filing Method of Last filing n/a (Prior Approval, File & Use, Flex Band, etc.) Previous state Rule # or Page # Submitted Replacement or withdrawn? filing number, 9. for Review if required by state ISO Basic Limits GL Class Codes [X] New [] Replacement Designation # GL-2007-BGL1 01 [] Withdrawn [X] New ISO Owners Contractors Protective [] Replacement 02 Liability Withdrawn Designation # GL-2002-BGL1 [] New 1 Replacement 03

[] Withdrawn

NAIC LOSS COST DATA ENTRY DOCUMENT

37.5%	F, TOTAL									
-3.0	E. Other (explain) Investment Income									
	& Contingencies	5.5	55.4	12,0006,358	21,687,615	n/a	n/a	Varies	03	2003
5.0	D. Underwriting Profit	0.7	77.5	17,354,022	22,401,941	n/a	n/a	Varies	04	2004
4.0	C. Taxes, License & Fees	0.0	0.0	000	000	n/a	0.0	0	05	2005
6.5	B. General Expense	0.0	0.0	000	000	n/a	0.0	0	6	2006
25.0	A. Total Production Expense	0.0	0.0	000	000	n/a	0.0	0	07	2007
Selected Provisions	Expense Constants	Countrywide Loss Ratio	State Loss Ratio	Incurred Losses (000)	State Earned Premium (000)	Effective Date	% of Change	Policy Count	ä	Year
	7.	The state of the s			y	Rate Change History	Rate	5 Year History		6.
				The state of the s					TOTAL OVERALL	TOTAL
									-	
n/a new program		1.60	1.00		62.50%	0.0	0.0		Other Liability	Other L
Multiplier	e)	Multiplier	Factor		Loss Ratio	Level Change	Level Change	Level		
Loss Cost		Loss Cost	Modification		Expected	% Rate	% Rate		(See Instructions)	(See
(H) Current	Expense Co	Selected	(E) Loss Cost	Los	(D)	(C) Requested	(B) Indicated		COVERAGE	o O
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**************************************	17.0001 Commercial General Liability	17.0001 Com		в.		17.0 Other Liability	17.0 Oth			4. A
зе)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	Matrix Line of Insura	Coding N		Type of Insurance)		ix Line of B	Product Coding Matrix Line of Business (i.e.,	Produ	
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	Company NAIC Number	Compan				Company Name	Compa			
	O GL-2007-BGL1, GL-2002-BGL1	ISO GL-2007-E		give	loss cost filing, em Filing Numt	organization Reference/ Ite	an advisory zation and	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	filing is a	2. If
			717.00-	00-015	#	Jany Hacking	ait oi Count	This fill gual stricted is pair of company fracting #	- Hilling	-
		1RA	DE_CWI_AR_08_1RA	DE-CWI	#	nany Tracking	at of Com	transmittal is n	hic filing	
		(((((((((((((((((((((

10.

0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): n/a_

N Apply Lost Cost Factors to Future filings? (Y or N)

0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): n/a_

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NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

	(EFFECTIVE AUG. 16, 2004)							
T	This filing transmittal is part of Company Tracking # DE-CWL-AR-08-1RA							
ī	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)							
•	X) Loss Cost Reference FilingISO GL-2007-BGL1, GL-2002-BGL1 te Filing	() Independent						
	(Advisory Org, & Reference filing #)							
men here Refe	nis is a loss cost filing adopting an advisory organization's loss costs, the above in or niber, subscriber or service purchaser of the named advisory organization for this by files (to be deemed to have independently submitted as its own filing) the prospectivence Filing. The insurer's rates will be the combination of the prospective loss of if utilized, the expense constants specified in the attachments.	line of insurance. The insurer ective loss costs in the captioned						
1.								
	in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.							
х	The incurer bereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above							
2. Cor	Line, Subline, Coverage, Territory, Class, etc. combination to which this page applied mmercial General Liability	s17.0 Other Liability, 17.0001						
3.	3. Loss cost modification:							
	A. The insurer hereby files to adopt the prospective loss costs in the captioned re	ference filing (Check One):						
	 (x) Without Modification (factor = 1.000) () With the following modification(s). (Cite the nature and percent modification supporting data and/or rationale for the modification.) 							
	B. Loss Cost Modification Expressed as a Factor: (See Examples Below)1.0	00						
	Example 1: Loss cost Modification Factor: If your company's loss cost modification Fac	tion is -10%, a factor of .90						
	TE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONST HER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW							
4.	Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data a information.	nd/or other supporting Selected Provisions						
	A. Total Production Expense	25.0 %						
	B. General Expense	6.5 %						
	C. Taxes, Licenses & Fee	4.0 %						
	D. Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0 %						
	E. Other (explain) Investment Income	-3.0 %						
	F. Total	37.5 %						
5.	A. A. Expected Loss Ratio: ELR = 100% - 4F = A	62.5 %						
J,	B. B. ELR in Decimal Form =	0.625						
6.	Company Formula Loss Cost Multiplier (3B/5B)	1.6						
7.	Company Selected Loss Cost Multiplier =	1.6						
	(Attach explanation for any differences between 6 and 7)							
8.	Rate Level Change for the coverage(s) to which this page applies	0.0						

Effective March 1, 2007

PROPERTY & CASUALTY ADDITIONAL RATE/RULE FILING ATTACHMENT

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate &

Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.) (Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This fi	ling transmitt	al is part of	Company	Tracking # D	E-CWL-AR-08	3-1RA	- Location and the second and the se
2.		ling correspo						,
		Rate Increa	ase [□ Rate	Decrease	x	Rate Neut	ral (0%)
3.	Filing	Method (Prior			Flex Band, etc.			
4a.					y Company (A			
Na	npany ame	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	for this program	Maximum % Change (where required)	Minimum % Change (where required)
Delo Insur Com	ance	0.0%	0.0%	\$0	0	\$0	0.0%	0.0%

4b.	Ra	ate Change	by Compai	ny (As Accepted) For State	Use Only	Dr. A. Marier
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change
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	5. Overall Rate Information (Complete for Multiple Company Filings only)							
		COMPANY USE	STATE USE					
5a	Overall percentage rate indication (when applicable)	n/a						
5b	Overall percentage rate impact for this filing	n/a						
5с	Effect of Rate Filing – Written premium change for this program	n/a						
5d	Effect of Rate Filing – Number of policyholders affected	n/a						

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
	Filing Method of Last filing	n/a
0.	(Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ISO Basic Limits GL Class Codes Designation # GL-2007-BGL1	[X] New [] Replacement [] Withdrawn	
02	ISO Owners Contractors Protective Liability Designation # GL-2002-BGL1	[X] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	
04		[] New [] Replacement [] Withdrawn	
05		[] New [] Replacement [] Withdrawn	
06		[] New [] Replacement [] Withdrawn	
07		[] New [] Replacement [] Withdrawn	
08		[] New [] Replacement [] Withdrawn	
09		[] New [] Replacement [] Withdrawn	
10		[] New [] Replacement [] Withdrawn	

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Commercial General Liability Loss Cost/LCM Filing

Delos Insurance Company has authorized ISO to file their commercial general liability rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.